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APPLICANTS

Elisabeth Soubelet, Meudon, FRANCE;
 Sylvie Bothorel, Boulogne-Billancourt, FRANCE;
 Serge Louis Muller, Guyancourt, FRANCE;

** CONTINUING DATA ***** DR

** FOREIGN APPLICATIONS ***** DR
 FRANCE 0016957 12/22/2000

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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: DR				

ADDRESS

Jay L. Chaskin
 Cantor Colburn LLP
 55 Griffin Road South
 Bloomfield, CT
 06002

TITLE

Method for simultaneous body part display

FILING FEE RECEIVED 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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